

GOVERNMENT OF  
THE VIRGIN ISLANDS OF THE UNITED STATES  
PUBLIC EMPLOYEES RELATIONS BOARD

**PETITION  
FOR REPRESENTATION / DECERTIFICATION CASES**

**INSTRUCTIONS:** File an original and four (4) copies of this Petition to the Public Employees Relations Board ("PERB") and two copies of statements or relevant facts not contained in the Petition and of all correspondence relating to the matters raised by the Petition. Simultaneously with the filing of the petition, serve a copy of the Petition and the accompanying material referred to above on each known interested party, and submit a written statement of such to the Chairman of the PERB. The showing of interest and an alphabetical list of names constituting such showing shall be filed with the original of the Petition, but shall not be furnished to any of the parties or organizations listed in the Petition.

**DO NOT WRITE IN THIS SPACE**

**CASE NO:**

**DATE FILED:**

**1. NAME OF AGENCY:**

**2. PURPOSE OF PETITION:**

**3. ADDRESS (P.O. Box/Street and Number. City, State and Zip Code)**

**4. DESCRIPTION OF THE UNIT CLAIMED TO BE APPROPRIATE FOR THE PURPOSE OF EXCLUSIVE RECOGNITION.**

**INCLUDED:**

**EXCLUDED:**

**5A. APPROXIMATE NUMBER OF EMPLOYEES IN THE UNIT CLAIMED TO BE APPROPRIATE?**

**5B. IS THIS PETITION SUPPORTED BY 30% OR MORE OF THE EMPLOYEES IN THE UNIT?**

**YES**

**NO**

**6. RECOGNIZED OR CERTIFIED EXCLUSIVE REPRESENTATIVE**

**B. AFFILIATION, IF ANY**

**C. PHONE NO.**

**A. NAME**

**D. ADDRESS**

**E. DATE OF RECOGNITION OR CERTIFICATION:**

**6. DATE OF EXPIRATION OF CURRENT AGREEMENT , IF ANY**

**7. LABOR ORGANIZATION OTHER THAN PETITIONER WHICH HAVE SHOWN AN INTEREST IN REPRESENTING ANY OF THE EMPLOYEES IN THE UNIT SET FORTH IN ITEM #5 ABOVE**

**A. NAME**

**B. AFFILITAITON**

**C. ADDRESS**

**PHONE NO.**

**8. FULL NAME OF PETITIONER:**

**ADDRESS**

**PHONE NO.**

**9. I DECLARE THAT I HAVE READ THE ABOVE PETITION AND THAT THE STATEMENTS THEREIN ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.**

**SIGNATURE**

**ADDRESS**

**TITLE**

**PHONE NO.**

**DATE:**

**WILLFULLY MAKING FALSE STATEMENTS ON THIS PETITION CAN BE PUNISHABLE BY FINES OR IMPRISONMENT. (V.I. CODE, TITLW 14, SECTION 1504)**